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CONFIRMATION NO. 9428

<b>SERIAL NUMBER</b> 10/688,846	<b>FILING OR 371(c) DATE</b> 10/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> (10000/210 PA-5357-RFB)	
<b>APPLICANTS</b> Stephen E. Deal, Charlotte, NC; David F. Waller, Charlotte, NC;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/419,550 10/18/2002 <i>AT</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/30/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>AT</i> Acknowledged <i>AT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 00757					
<b>TITLE</b> Physician access system					
<b>FILING FEE RECEIVED</b> 1694	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		